

Foster Family Home - Corrective Action

Provider ID: 2-511271

Home Name: Candida Foronda, CNA

Review ID: 2-511271-8

62 Pono Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 6/21/2017

End Date: 6/26/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

Carol Copeland RN MSW

Compliance Manager

Candida Foronda

Primary Care Giver

6/21/17

Date

6/21/2017

Date